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COV-01215 (09-2015)

Republic of the Philippines SOCIAL SECURITY SYSTEM MEMBER DATA CHANGE REQUEST

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph.

PLEASE READ THE INSTRUCTIONS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

PART I - TO BE FILLED OUT BY MEMBER

A. PERSONAL DATA

SSS NUMBER: 06497924811
 COMMON REFERENCE NUMBER (IF ANY):
 DATE OF BIRTH (MMDDYYYY): 07262001
 TAX IDENTIFICATION NUMBER (IF ANY):
 NAME (LAST NAME): CODILLA (FIRST NAME): JULIE MAE (MIDDLE NAME): LOBIANO (SUFFIX):
 ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME): (SUBDIVISION): (BARANGAY/DISTRICT/LOCALITY): San Vicente (CITY/MUNICIPALITY): Tabogon (PROVINCE): Cebu (STREET NAME): Lantawan 2 (HOUSE/LOT & BLK NO.):
 TELEPHONE NUMBER (AREA CODE + TEL. NO.): (MOBILE/CELLPHONE NUMBER): 09126378888 (E-MAIL ADDRESS): juliemae1codilla@gmail.com
 FOREIGN ADDRESS (IF APPLICABLE): COUNTRY: ZIP CODE:

B. DATA CHANGE/CORRECTION/UPDATING

A. CHANGE OF MEMBERSHIP TYPE

FROM

- Employed
- Voluntary
- Overseas Filipino Worker
- Non-Working Spouse (NWS)
- Prior Registrant

(A person who registered with the SSS for the first time as a prospective employee.)

TO

- Self-Employed (Please fill-out the details below.)

Profession/Business: _____
 Year Profession/Business Started: _____
 Monthly Earnings (P): _____

TO (Option for Prior Registrant Only)

- Non-Working Spouse (Please fill-out the details below.)

SS No./CRN of Working Spouse: _____
 Monthly Income of Working Spouse (P): _____
 I AGREE WITH MY SPOUSE'S MEMBERSHIP WITH SSS.

SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE

FROM

TO

B. CORRECTION OF NAME

- Last Name
- First Name
- Middle Name (or change of middle initial to middle name)
- Prefix (e.g., "de", "dela", "delos", "del", "Ma." or "Maria") or Suffix (e.g., Jr., II or III)
- Simple Error in Spelling of Name (e.g., "l" to "o" or "u" to "o" or vice versa; inclusion/ deletion of space and special characters)
- Due to to Re-marriage

C. CORRECTION OF DATE OF BIRTH

FROM: 3-26-2001

TO: 07-26-2001 ✓

D. CORRECTION OF SEX

E. CHANGE OF CIVIL STATUS

(For Female members: Accomplish the FROM and TO portions, if also requesting for change of name)

- Single to Married
- Married to Legally Separated
- Married to Widowed
- Reversion from Married to Single

F. UPDATING OF CONTACT INFORMATION

- Address
- Telephone Number
- E-mail Address
- Mobile/Cellphone Number

G. UPDATING OF BANK INFORMATION

Bank Name: _____ Bank Branch: _____ Account Number: _____

- Benefits (Sickness/ Maternity/Partial Disability)
- Loans
- PESO Fund

H. UPDATING OF MEMBER RECORD STATUS (From "Temporary" to "Permanent") - please indicate submitted documents

IRTH CERT

I. UPDATING OF DEPENDENT(S)/BENEFICIARY(IES) (Please check the appropriate box. If more than 3, use other page "Instructions" portion.)

NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP TO MEMBER	DATE OF BIRTH (MMDDYYYY)	
None						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
1.						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
2.						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
3.						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion